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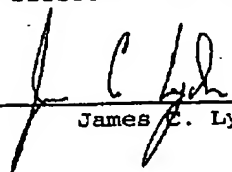
FROM: James C. Lydon

RE: Second Request for Corrected Filing Receipt
U.S. Patent Appln. S.N.10/522,409
By: Francois PHILIPPE et al.
Atty. Case No.: BONN-126

TOTAL PAGES: 6 including cover sheet.

DATE: November 2, 2005

I hereby certify that this paper is being
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James C. Lydon

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Francois PHILIPPE et al.

Serial Number: 10/522,409

Group Art Unit: 2632

Filed: March 25, 2005

Examiner: Unassigned

For: DEVICE FOR DETECTING A BODY FALLING INTO A SWIMMING POOL

SECOND REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22314-1450

November 2, 2005

Sir:

Applicants request a second Corrected Filing Receipt in view of an error in the first corrected filing receipt. More particularly, the second named inventor's place of residence should be Champigny sur Marne, FRANCE. A marked-up copy of the filing receipt showing the error is attached for the convenience of the Office.

Issuance of a corrected filing receipt showing the correct place of residence for the second named inventor is requested.

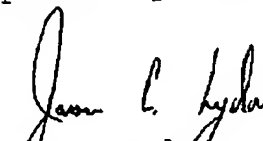
It is not believed any fee is payable for issuance of a corrected filing receipt because the error occurred due to Patent Office mistake, as demonstrated by the attached copy of the inventors' declaration. Nevertheless, the Commissioner is authorized to charge our Deposit Account No. 50-1258 in the amount

U.S. Patent Appln. S.N. 10/522,409
SECOND REQUEST FOR CORRECTED FILING RECEIPT

PATENT

of any fee deemed necessary for entry and consideration of this
Request.

Respectfully submitted,


James C. Lydon
Reg No. 30,082

Atty. Docket No.: BONN-126
100 Daingerfield Road
Suite 100
Alexandria, Virginia 22314
Telephone: (703) 838-0445
Facsimile: (703) 838-0447

Enclosures:
Marked-Up Copy of Filing Receipt
Inventors' Declaration



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/522,409	03/25/2005	2632	580	BONN-126	6	12	1

32954
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CONFIRMATION NO. 5531
CORRECTED FILING RECEIPT
OC000000017359069
OC000000017359069

Date Mailed: 10/31/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Francois Philippe, Juan Les Pins, FRANCE;
Philippe Montaron, Champigny sur-Marne, FRANCE;
marne

Power of Attorney: The patent practitioners associated with Customer Number 32954.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/FR03/02369 07/25/2003

Foreign Applications

FRANCE 02/09491 07/26/2002

If Required, Foreign Filing License Granted: 10/29/2005

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/522,409**

Projected Publication Date: 11/24/2005

Non-Publication Request: No

Early Publication Request: No

LYDGE

19721525

Declaration For U.S. Patent Application

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled (INSERT TITLE) DEVICE FOR DETECTING A BODY FALLING INTO A SWIMMING POOL

(Check one of
1, 2, or 3.)

1. is attached hereto.
2. XX was filed on July 25, 2003 as
International PCT Application Serial No. PCT/FR2003/002369
and was amended on _____
(if applicable)
3. was filed on _____ as
U.S. Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

Priority Claimed

(List prior foreign applications.)

02/09491
(Number)
(Number)

FRANCE
(Country)
(Country)

7/26/2002
(Day/Month/Year Filed)

(Day/Month/Year Filed)

Priority Claimed
XX Yes ___ No
___ Yes ___ No

See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

---(Application Serial No.)---

~~(Filing Date)~~

(Status)

(Application Serial No.)

(Filing Date)

(Status)

I hereby appoint as principal attorney James C. Lydon, Reg. No. 30,082.

Please direct all communications to the following address:

James C. Lydon
100 Daingerfield Road
Suite 103
Alexandria, VA 22314
Telephone: (703) 838-0445
Facsimile: (703) 838-0447

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or sole inventor: Francois PHILIPPE

Signature
+ date

Inventor's Signature:

Date:

21/03/2025

Residence: Impasse de la Joliette, F-66160 Juan Les Pins, FRANCE

Citizenship: French

Post Office Address: same as above

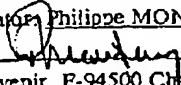
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LYON

107215201

3/

Full name of second inventor: Philippe MONTARON

Inventor's Signature: 

Date: 23/03/05

Residence: 28, rue de l'Avenir, F-94500 Champigny sur Marne, FRANCE

Citizenship: French

Post Office Address: same as above

Full name of third inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of seventh inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of eighth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____